

**Step 1: Universal Data Collection**

Please complete the following basic client information and note that all fields with an \* are required fields. Universal Data Elements are required for all project participants.

Basic Client Information:\*

First Name: \* \_\_\_\_\_ Last Name: \* \_\_\_\_\_

Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

**Name Data Quality:\***

- ☐ Full Name Reported
- ☐ Partial, Street Name or Code Name Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

**Social Security Number:\***

- ☐ \_\_\_\_\_
- ☐ Full SSN Reported
- ☐ Approximate or Partial SSN Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

**Birthdate:\***

- ☐ \_\_\_\_\_
- ☐ Full DOB Reported
- ☐ Approximate or Partial DOB Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

**Ethnicity:\***

- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

**Race:\***

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander

- ☐ White
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

**Gender:\***

- ☐ Male
- ☐ Female
- ☐ Transgender Male to Female
- ☐ Transgender Female to Male
- ☐ Other
- ☐ Client Doesn't Know
- ☐ Client Refused

**Disabling Condition:\***

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

**Veteran Status:\***

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

**Relationship to Head of Household:\***

- ☐ Self ☐ Foster Child
- ☐ Son ☐ Grandchild
- ☐ Daughter ☐ Other Family Member
- ☐ Dependent Child ☐ Other Non-Family Member
- ☐ Spouse

Contact Information:

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Step 2: Project Enrollment**

Complete the project enrollment information and please note all fields with an \* are required fields. Complete additional forms for each household member to be enrolled.

Assessment Date: \* \_\_\_\_\_

Case Assignment: \* \_\_\_\_\_

**Assessment Type:\***

- ☐ Entry ☐ During Program Enrollment
- ☐ Exit ☐ Followup
- ☐ Other: \_\_\_\_\_

### Step 3: Entry Assessments

Complete the following entry assessments and please note all fields with an \* are required fields.

#### **(ONLY REQUIRED FOR ESG-RRH PARTICIPANTS)**

In Permanent Housing:\* ☐ Yes ☐ No If Yes, Date of Move-In:\* \_\_\_\_\_

#### **(ONLY REQUIRED FOR PATH PARTICIPANTS):**

Date of PATH Engagement:\* \_\_\_\_\_

Date of PATH Status Determined:\* \_\_\_\_\_

Client Became Enrolled in PATH:\* ☐ Yes ☐ No

Reason Not Enrolled in PATH:

☐ Client was found ineligible for PATH

☐ Client not enrolled for other reasons

#### Housing Status\*

☐ Category 1 – Homeless

☐ Category 2 – At Imminent Risk of Losing Housing

☐ Category 3 – Homeless Only Under Other Federal Statutes

☐ Category 4 – Fleeing Domestic Violence

☐ At Risk of Homelessness

☐ Stably Housed – Rent

☐ Stably Housed – Own

☐ Don't Know

☐ Refused

☐ Other

#### **(ONLY REQUIRED FOR SSVF PARTICIPANTS)**

Household Income as Percentage of AMI:\*

☐ Less than 30%

☐ 30% to 50%

☐ Greater than 50%

#### Residence Prior to Program Entry:\*

☐ Long-term care facility or nursing home

☐ Rental by client, with GPD TIP subsidy

☐ Residential project or halfway house with no homeless criteria

☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher

☐ Transitional Housing for Homeless Persons (Including Homeless Youth)

☐ Permanent Housing for Formerly Homeless Persons (such as; a CoC project; HUD legacy programs; or HOPWA PH)

☐ Psychiatric Hospital or Other Psychiatric Facility

☐ Substance Abuse Treatment Facility or Detox Center

☐ Hospital or other residential non-psychiatric medical facility

☐ Jail, Prison or Juvenile Detention Center

☐ Staying or living in a family member's room, apartment or house

☐ Staying or living in a friend's room, apartment or house

☐ Hotel or motel paid for without emergency shelter voucher

☐ Foster care home or foster care group home

☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)

☐ Other

☐ Safe Haven

☐ Rental by client, with VASH housing subsidy

☐ Rental by client, with other ongoing housing subsidy

☐ Owned by client, with ongoing housing subsidy

☐ Rental by client, with no ongoing housing subsidy

☐ Owned by client, no ongoing housing subsidy

☐ Client Doesn't Know

☐ Client Refused

☐ Data Not Collected

#### Length of Stay:\*

☐ One day or less

☐ Two days to one week

☐ One week or less

☐ More than one week, but less than one month

☐ One to three months

☐ More than three months, but less than one year

☐ One year or longer

☐ Client Doesn't Know

☐ Client Refused

**(ONLY REQUIRED FOR SSVF PARTICIPANTS)**

**Address Prior to Entry**

Address Prior to Entry Quality:\*

- |                                                                   |                                             |
|-------------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Full Address Reported                    | <input type="checkbox"/> Client Refused     |
| <input type="checkbox"/> Incomplete or Estimated Address Reported | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> Client Doesn't Know                      |                                             |

Address:\* \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

**Length of Time on Street, in an Emergency Shelter or Safe Haven:\***

Continuously Homeless for at least one year:

- |                                              |                                         |
|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |                                         |

Number of times the client has been homeless in the past three years:

- |                                                             |                                                                                          |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 0 (Not homeless – prevention only) | <input type="checkbox"/> 4 or more (if selected, please answer the following)            |
| <input type="checkbox"/> 1 (Homeless only this time)        | <i>Total Number of months homeless in the past three years:*</i>                         |
| <input type="checkbox"/> 2                                  | <input type="checkbox"/> 0-12 <input type="checkbox"/> Client Refused                    |
| <input type="checkbox"/> 3                                  | <input type="checkbox"/> More than 12 months <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> Client Doesn't Know                | <input type="checkbox"/> Client Doesn't Know                                             |
| <input type="checkbox"/> Client Refused                     |                                                                                          |
| <input type="checkbox"/> Data Not Collected                 |                                                                                          |

Total number of months continuously homeless immediately prior to project entry:\* \_\_\_\_\_ ***(Please note that to enter a number, the number of months must exceed 12 months. If less than 12 months, please enter "0")***

Homeless Status Documented:\*

- |                                             |
|---------------------------------------------|
| <input type="checkbox"/> Yes                |
| <input type="checkbox"/> No                 |
| <input type="checkbox"/> Data Not Collected |

Health Insurance:\*

- |                                              |                                         |
|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |                                         |

Type:\*

- |                                                              |                                                                    |
|--------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Private – Employer                  | <input type="checkbox"/> Veteran's Administration Medical Services |
| <input type="checkbox"/> Private – Individual                | <input type="checkbox"/> Healthy Indiana Plan (HIP)                |
| <input type="checkbox"/> Public HIV/AIDS Medical Assistance  | <input type="checkbox"/> Native American Health Service            |
| <input type="checkbox"/> AIDS Drug Assistance Program (ADAP) | <input type="checkbox"/> Other Public                              |
| <input type="checkbox"/> Medicare                            | <input type="checkbox"/> Other _____                               |
| <input type="checkbox"/> Medicaid                            |                                                                    |

Status:\*

- |                                            |                                                                                                 |
|--------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Active            | <input type="checkbox"/> No                                                                     |
| <input type="checkbox"/> Start Date: _____ | <input type="checkbox"/> Applied; decision pending <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> End Date: _____   | <input type="checkbox"/> Applied; client not eligible <input type="checkbox"/> Client Refused   |
|                                            | <input type="checkbox"/> Client did not apply <input type="checkbox"/> Data Not Collected       |
|                                            | <input type="checkbox"/> Insurance type N/A for this client                                     |

Veterans Assessment:\*

Service Entry Date:\* \_\_\_\_\_ Service Exit Date: \_\_\_\_\_

Select Theatre(s) of Operation(s):

Status:\*

- |                                                                                                                                         |                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> World War II (September 1940-July 1947)                                                                        | <input type="checkbox"/> Yes                 |
| <input type="checkbox"/> Vietnam War (August 1964-April 1975)                                                                           | <input type="checkbox"/> No                  |
| <input type="checkbox"/> Persian Gulf War (Operation Desert Storm)<br>(August 1991-September 10, 2001)                                  | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Afghanistan (Operation Enduring Freedom)                                                                       | <input type="checkbox"/> Client Refused      |
| <input type="checkbox"/> Iraq (Operation Iraqi Freedom)                                                                                 | <input type="checkbox"/> Data Not Collected  |
| <input type="checkbox"/> Iraq (Operation New Dawn)                                                                                      |                                              |
| <input type="checkbox"/> Other Peace-keeping operations or military interventions<br>(such as Lebanon, Panama, Somalia, Bosnia, Kosovo) |                                              |
| <input type="checkbox"/> Korean War (June 1950-January 1955)                                                                            |                                              |

Military Branch:\*

Discharge Status:

- |                                      |                                              |                                                                      |                                              |
|--------------------------------------|----------------------------------------------|----------------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Army        | <input type="checkbox"/> Other               | <input type="checkbox"/> Honorable                                   | <input type="checkbox"/> Uncharacterized     |
| <input type="checkbox"/> Air Force   | <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> General under honorable conditions          | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Navy        | <input type="checkbox"/> Client Refused      | <input type="checkbox"/> Bad Conduct                                 | <input type="checkbox"/> Client Refused      |
| <input type="checkbox"/> Marines     | <input type="checkbox"/> Data Not Collected  | <input type="checkbox"/> Dishonorable                                | <input type="checkbox"/> Data Not Collected  |
| <input type="checkbox"/> Coast Guard |                                              | <input type="checkbox"/> Under Other Than Honorable Conditions (OTH) |                                              |

Domestic Violence Assessment of Victim:\*

Is client a victim of domestic violence:\*

- |                                              |                                         |
|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |                                         |

If yes, when experience occurred:\*

- |                                                       |                                              |
|-------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Within the past three months | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Three to six months ago      | <input type="checkbox"/> Client Refused      |
| <input type="checkbox"/> Six months to one year ago   | <input type="checkbox"/> Data Not Collected  |
| <input type="checkbox"/> One year ago or more         |                                              |

HMIS Barriers Assessment:\*

<b><u>Barriers:*</u></b>	<b><u>Barrier Present?</u></b>	<b><u>Receiving Services/Treatment?</u></b>	<b><u>Condition Indefinite?</u></b>	<b><u>Documentation on File?</u></b>
Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No

If client reports "Alcohol Abuse, Drug Abuse and/or Mental Health" as present barriers, complete the following:

**How confirmed:**

- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records

**Serious Mental Illness (SMI):**

- ☐ No
- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records
- ☐ Client Doesn't Know
- ☐ Client Refused

Financial Assessment:\* Cash Income: \* ☐ Yes ☐ No

- ☐ Earned Income \$ \_\_\_\_\_
- ☐ Self Employment \$ \_\_\_\_\_
- ☐ Unemployment Insurance \$ \_\_\_\_\_
- ☐ Worker's Compensation \$ \_\_\_\_\_
- ☐ Other Pension \$ \_\_\_\_\_
- ☐ Supplemental Security Income \$ \_\_\_\_\_
- ☐ Social Security Disability Income \$ \_\_\_\_\_
- ☐ Retirement (Social Security) \$ \_\_\_\_\_
- ☐ Veteran's Pension \$ \_\_\_\_\_
- ☐ VA Service-Connected Disability \$ \_\_\_\_\_
- ☐ VA NonService-Connected Disability \$ \_\_\_\_\_
- ☐ TANF \$ \_\_\_\_\_
- ☐ Child Support \$ \_\_\_\_\_
- ☐ Other Income \$ \_\_\_\_\_

Adult Education Assessment:\*

Currently in School/Working on Degree:\*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused

Received Vocational Training/Apprenticeship:\*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused

Highest Grade Completed:\*

- ☐ No School Completed
- ☐ Nursery School to 4<sup>th</sup> Grade
- ☐ 5<sup>th</sup> Grade or 6<sup>th</sup> Grade
- ☐ 7<sup>th</sup> Grade or 8<sup>th</sup> Grade
- ☐ 9<sup>th</sup> Grade
- ☐ 10<sup>th</sup> Grade
- ☐ 11<sup>th</sup> Grade
- ☐ 12 Grade, No Diploma
- ☐ High School Diploma
- ☐ GED
- ☐ Post-Secondary School
- ☐ Client Doesn't Know
- ☐ Client Refused

Secondary Education:\*

- ☐ None ☐ Client Doesn't Know
- ☐ Associates Degree ☐ Client Refused
- ☐ Bachelors
- ☐ Masters
- ☐ Doctorate
- ☐ Other Graduate/Professional Degree
- ☐ Certificate of Advanced Training or Skilled Artisan

Non Cash Benefits: \* ☐ Yes ☐ No

- ☐ Food Stamps/Money for Food on Benefits Card \$ \_\_\_\_\_
- ☐ Special Supplemental Nutrition Program (WIC)
- ☐ TANF Child Care Services
- ☐ Other TANF Funded Services
- ☐ Section 8, Public Housing, Other Rental Asst. \$ \_\_\_\_\_
- ☐ Temporary Rental Assistance (RRH) \$ \_\_\_\_\_
- ☐ Other Source

Child Education Assessment:\*

Highest Grade Completed:\*

- ☐ No School Completed
- ☐ Nursery School to 4<sup>th</sup> Grade
- ☐ 5<sup>th</sup> Grade or 6<sup>th</sup> Grade
- ☐ 7<sup>th</sup> Grade or 8<sup>th</sup> Grade
- ☐ 9<sup>th</sup> Grade
- ☐ 10<sup>th</sup> Grade
- ☐ 11<sup>th</sup> Grade
- ☐ 12 Grade, No Diploma
- ☐ High School Diploma
- ☐ GED
- ☐ Post-Secondary School
- ☐ Client Doesn't Know
- ☐ Client Refused

Current Enrollment Status:\*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused

If Yes, Type of School:\*

- ☐ Public School ☐ Technical/Career
- ☐ Homeschool ☐ Client Doesn't Know
- ☐ Charter ☐ Client Refused
- ☐ Parochial or Other Private School

School Name: \* \_\_\_\_\_

Connected w/McKinney-Vento School Liaison?\*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused

If not enrolled, Last Enrollment Date: \_\_\_\_\_

Reason Not Enrolled: \_\_\_\_\_